

Date of Request: _____

Retno: _____
Office Use Only

Retirement Estimate Request Form

SSN#: _____ Retirement Date: _____

Department: _____ Resignation Date: _____

Member Birth Date: _____

Spouse/Dom. Partner Birth Date: _____ Indicate if Not married

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Day Phone: _____ Home Phone: _____

Comments: _____

.....
FOR OFFICE USE ONLY: # of Estimates ____ Dual Member ____ Vesting ____

Date: _____ Received By: _____

Retirement #: _____ Membership Date: _____

Estimate Prepared By: _____ Date Completed: _____

Comments: _____

Audited By: _____ Date Completed: _____

Date of Final Audit & Mailed By : _____

Total Days from date request received until date estimate mailed:

Seattle City Employees' Retirement System

801 3rd Ave., Suite 300, Seattle, WA, 98104 Telephone: (206)386-1293, Fax: (206)386-1506

Estimate Request.doc